Primary Care Physician Advisory Committee
Meeting Minutes
October 16, 2013

Members Present: Kathryn Koncsol-Banner, MD, Co-Chair; David Bourassa, MD, Co-Chair; David Ashley, MD; Stanley Block, MD; Jeffrey Borkan, MD; Steven DeToy; Michael Felder, DO, MA; Michael Fine, MD, Director of HEALTH; Steven Kempner, MD; Elizabeth Lange, MD; Diane Siedlecki, MD; Patrick Sweeny, MD, PhD, MPH; Richard Wagner, MD; Newell Warde, PhD; Denise Coppa, PhD, RNP- by teleconference. Guests: John Solomon, DO; Alexis Drutzhas; Stephanie Chow; Nancy Gagliano; Deidre Gifford; Rebecca Scott; Gloria Sierra; Meghan McComiskey; Tom Bledsoe; Samantha Greenberg; Gus Manocchin; HEALTH Staff: Jill D'Errico

Members and Alternates Unable to Attend: Gregory Allen, Jr., DO; Munawar Azam, MD; Thomas Bledsoe, MD; Mark Braun, MD; Nitin Damle, MD; Sara Fessler, MD; Patricia Flanagan, MD; Cynthia Holzer, MD, CMD; Christopher Koller; Anne Neuville, RNP; Albert Puerini Jr., MD; Ana Novais, MA; Peter Simon, MD, MPH.

Open Meeting/Old Business: PCPAC Co-Chair, Dr. Banner, called the meeting to order. Minutes were accepted for September 18, 2013.

First agenda: Dr. Nancy Gagliano- CVS Minute Clinic

A presentation was given by Dr. Gagliano about the CVS Minute Clinic.

- Dr. Gagliano discussed the operating principles, including their scope of service, the evidence-based clinical guidelines that are used, the use of EHR, chart review guidelines, and the roles in PCMH practices.
- An outline of hours, locations, costs, and affiliations was discussed.
- The goal of the minute clinic with physician collaboration was presented with the key components being physician oversight and chart review, the clinic's limited scope of services, and communication with the PCP and PCMH.

Questions for Dr. Gagliano

1. What are the factors in deciding where to place these clinics, will you look at rural populations, and will any clinics be free-standing?

There needs to be enough population to keep the clinic busy. Although there will be no free standing clinics, CVS has established contacts with the free clinics in Rhode Island. Some areas have looked at telemedicine, but this has not yet been looked at in RI.

2. What is the justification for selling cigarettes, and how will you engage in the entire system?

It is outside the scope of work of the minute clinic to make the decision on selling cigarettes because it is a separate division within CVS. Dr. Gagliano feels that there is a lot of effort in the wellness of communities and the clinic serves the needs of populations that may not feel connected to the traditional medical home (like truck drivers). The

clinic is not trying to take patients away from PCPs; they are just trying to make a difference in the lives of the underserved.

3. What happens to those individuals who are uninsured, underinsured, or non-English speaking?
The system is not set up for a sliding scale payment system; however, they feel that the money they charge is already lower to begin with. The clinic is also working with Medicaid to become accepted in this state. The language problem is something that is addressed nationwide, and they have a telephonic support for interpreter services.

4. There are many practices struggling in Rhode Island, won't this take away from their patients?
Although this had originally been a concern in other states, most communities have found that those who have PCPs who are accessible to them, are not going to these clinics. There is a shortage of PCPs and more people are becoming insured so the additional access of a clinic, instead of flooding the emergency room, may help that issue.

5. One of the benefits of a PCP is that every time they are touched, there is an opportunity for follow up care. Won't this clinic be a disservice to primary care?
There are not enough practices for individuals to access, and the clinic feels that the integration of medical records may help this issue.

6. The presentation mentioned a three strikes and your out policy, wouldn't this be denying care?
The clinic does not want to become a PCP; they want to work with PCPs. After three visits the clinic really wants the patient to be connected with a PCP. The clinic will hand out a list of PCPs for the patient and follow up with a phone call to see if they have made contact with a practice.

7. Will you use laboratories?
CVS will generally do point of care testing like rapid strep or A1C (which will not generally be independent of PCP).

Discussion:

The previous advisory letter (2007) was presented and talking points were:

- Just because CVS hands out a list of primary care doctors, does not mean they are engaging the patient.
- Practicing medicine while selling things like cigarettes is not only counterproductive, it should not be allowed.
- There is a lot of utilization of ER for non-ER issues, maybe doctors can identify shortages and use the clinic to fulfill these. The clinic could work with PCPs who have a population that overuse the ER.
- These clinics may lead to a greater fragmentation of care in prescribing medication.
- Many of the hospitals/organizations that are affiliated with the minute clinic have historically not been supportive of primary care.

- A suggestion was made that if a person goes to the clinic, the clinic should try to contact the PCP first to see if they are available prior to treating the walk-in patient. That way you are collaborating and meeting the need if their PCP is not available.
- The point was made that the clinic's follow up care with a PCP is a benefit, as many urgent care centers do not.

Second Agenda: Dr. Fine

Information from Health:

- Health is trying to make Rhode Island the healthiest state in the nation-we moved up three spots to #10 from last year.
- The indicators that we think we can make progress on are preventive hospitalizations, binge drinking, and sedentary lifestyle. Health is working to develop interventions that are partnership interventions with the PCP community. Health will be asking the primary care community for help and suggestions on these issues.
- Dr. Fine will be meeting with college presidents on college campuses about binge drinking and tobacco-free campuses.
- Health is active in the Getting to Zero campaign, and RI has 80 new cases of HIV last year. The goal is to decrease by 20 a year until zero new cases of HIV. We need to get everyone screened and linked to treatment. Health will be looking at PCPs to do QI/QA with opt-out testing.

Questions:

1. Didn't we change the statute on opt-out testing to be more routine?
It can be more routine but there is a difference between making it doable and making sure we get all the challenges.

2. Do we have a transition protocol to places that are accepting pain patients?
There is a need to look at a non-narcotic multidisciplinary pain center in Rhode Island-maybe even 3 of them.

Meeting adjourned at 8:45 AM

Next Meeting: November 20, 2013